Testimony Human Services Committee Shawn M. Lang 3 March 2009

Senator Doyle, Representative Walker, members of the Committee. I'm Shawn Lang the Director of Public Policy with the CT AIDS Resource Coalition; Connecticut's only statewide organization whose sole focus are the needs of people with HIV/AIDS.

I'm am here to testify against HB6254 and SB843 which will do untold harm to the health of the nearly 11,000 people living with HIV/AIDS across this state; who are among the most medically and socially fragile and vulnerable people in this state.

We work to ensure that the nearly 11,000 people living with HIV/AIDS in our state have the housing, care and supportive services they need in order to live their lives in dignity. I'm here to testify against the draconian health care cuts the Governor is proposing.

In her state of the state speech, the Governor said that "We must care for our most vulnerable." People with HIV/AIDS are among the most medically fragile and vulnerable people and this budget must not and cannot be balanced on their backs!

All of the proposed cuts – dental care, co-pays, eliminating medical interpreters, vision cares and non-emergency medical transportation, the Part D wraparound, eliminating over-the-counter drugs, requiring PA for high cost drugs, etc., will do more to unnecessarily create additional barriers for people living with HIV/AIDS. And when people face these types of barriers, they get sicker and end up with much higher cost illnesses, unnecessary use of emergency rooms, and longer hospitalizations.

Instituting co-pays has been proposed numerous times and it simply does not work. In a recent research study of people living with HIV/AIDS in AIDS housing programs, the average income was \$640 per month. Many people take anywhere from 5-14 medications per day; some for HIV, others to mitigate the side effects of their HIV medications, and still others for co-occurring disorders. Implementing co-pays means that people won't get their meds simply because they cannot afford to do so. If a person skips even one dose of their HIV meds, their virus can mutate requiring a complete change in their combination therapies which may or may not even exist.

Eliminating all but emergency dental care will be devastating to people with HIV/AIDS. Already difficult to access, in the greater Hartford area there are only two places where people with HIV/AIDS go for dental care – UCONN and the Hartford's Gay and Lesbian Health Collective. The lack of healthy, functioning dental health can interfere with quality of life, complicate the management of medical conditions, and create or exacerbate nutritional and psychosocial problems. Prevention and early detection of oral disease and prompt referrals to dental care providers can often mitigate the debilitating and painful effects of untreated oral disease.

Requiring PA for high costs drugs will result in a delay for people getting their meds. As I stated before, that simply cannot be allowed to happen to people living with HIV/AIDS. A couple of quick examples of the cost of HIV meds are \$894 for a one month's supply for Truveda; \$876 for a month's supply of Reyataz; and \$274 for Norvir.

Many people living with HIV/AIDS in our state are also incredibly socially fragile and have poor literacy skills and lack the ability to navigate through an already complicated system of care. And even for those who have the skills face a number of other challenges. As a friend of mine who has been living with HIV/AIDS for many years said to me, "I don't know of any other illness that creates the same level of social stigma, medical crisis and bureaucratic chaos."

All of this will place greater and more unmanageable hoops to navigate not only for people whose health care depends on these programs, but it will add to the hoops that their multiple doctors and pharmacists have to jump through as well; thus, creating an even more burdensome health care system.

I also want to oppose the Governor's "delaying" of the HIV/AIDS Home and Community Based Health Care Waiver. This waiver would SAVE the state \$1.2 million over two years, and \$4 million in five years. And benefit approximately 100 people. Why delay something that is replicable, evidence-based and will save funds?

Finally, these proposed cuts will cost the state up to \$1.3 BILLION in increased Medicaid reimbursement. Health care cuts will only result in intensifying the significant barriers people already face. We urge you to restore these cuts.

Thank you.